PTO/SB/06 (8-96)
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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD CLAIMS AS FILED - PART I OTHER THAN **SMALL ENTITY** (Column 1) SMALL ENTITY (Column 2) FOR NUMBER FILED NUMBER EXTRA RATE **FEE** RATE **FEE BASIC FEE** (37 CFR 1.16(a)) OR TOTAL CLAIMS minus 20 =OR INDEPENDENT CLAIMS minus 3 =(37 CFR 1.16(b)) = OR MULTIPLE DEPENDENT CLAIM PRESENT = OR \* If the difference in column 1 is less then zero, enter "0" in column 2 **TOTAL** OR CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY OR (Column 1) (Column 2) (Column 3) SMALL ENTITY **CLAIMS HIGHEST** ADDI-ADDI-REMAINING NUMBER **PRESENT RATE AMENDMENT** TIONAL RATE TIONAL **AFTER PREVIOUSLY EXTRA FEE** AMENDMENT FEE PAID FOR Total OR Minus = (37 CFR 1.16(c)) Independent OR Minus (37 CFR 1.16(b)) = = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL OR TOTAL (Column 1) (Column 2) (Column 3) ADDIT. FEE ADDIT. FEE **CLAIMS HIGHEST** ADDI-ADDI-REMAINING NUMBER PRESENT **RATE AMENDMENT** TIONAL RATE TIONAL **AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR Total OR Minus = (37 CFR 1.16(c)) \$ OR Independent Minus \_ (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR (Column 1) ADDIT. FEE ADDIT. FEE (Column 2) (Column 3) **CLAIMS HIGHEST** ADDI-ADDI-REMAINING NUMBER PRESENT **AMENDMENT** RATE TIONAL RATE TIONAL AFTER **PREVIOUSLY EXTRA** FEE **FEE** AMENDMENT PAID FOR Total OR Minus (37 CFR 1.16(c)) OR Independent Minus = (37 CFR 1.16(b)) = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM = OR TOTAL TOTAL OR \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY	
FOR		NUN	UMBER FILED NUMBER		XTRA	RATE	FEE	1	RATE	FEE
ВА	SIC FEE						345.00	OR		690.00
то	TAL CLAIMS	2	O minus 2	20= *		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus	3 = *		X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT						+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		OR	TOTAL	690
,	C	SMALL ENTITY OR			OTHER THAN SMALL ENTITY					
AMENDMENT A		CLAIMS REMAININ AFTER AMENDME	IG .	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 17	Minus	20	=	X\$ 9=		OR	X\$18=	
	Independent	· /	Minus	3		X39=		OR	X78=	•
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+130=		OR	+260=	
·			TOTAL			TOTAL				
		(Column	11	(Column 2)	(Column 3)	ADDIT. FEE	. :	10	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAININ AFTER AMENDME	lg ,	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent		Minus	***	.=	X39=		OR	X78=	
	FIRST PRESE	NIATION O		PENDENT CLAIM		+130=		OR	+260=	
			ю·		·	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column		(Column 2)	(Column 3)				•	
AMENDMENT C		CLAIMS REMAININ AFTER AMENDME	vG	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***	=	X39=		OR	X78=	
F	FIRST PRESE	NTATION O	F MULTIPLE DE	PENDENT CLAIM		.100			+260=	
	If the entry in colu	+130= TOTAL		OR	+260=					
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										